

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 15-6  
Registered No. 930

**1. PLACE OF BIRTH**

County Gila State Arizona  
District or Township Miami or Village \_\_\_\_\_  
City Miami No. 11 Davis Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Eugenio Dominguez (If child is not yet named, make supplemental report, as directed.)

3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other \_\_\_\_\_ 5. No., in order of birth \_\_\_\_\_ 6. Legitimate? yes 7. Date of birth Nov 15 1926  
Month Day Year

8. FATHER  
Full name Senore Dominguez

9. Residence 11 Davis Canon  
(Usual place of abode)  
If non-resident, give place and state.

10. Color or race Mexican 11. Age at last birthday 32 (Years)

12. Birthplace (city or place) Tresnillo  
(State or country) Yucatecas Mex

13. Occupation Miner  
Nature of industry

14. MOTHER  
Full maiden name Josafina Fevinger

15. Residence 11 Davis Canon  
(Usual place of abode)  
If non-resident, give place and state.

16. Color or race Mexican 17. Age at last birthday 26 (Years)

18. Birthplace (city or place) Santa Barbara  
(State or country) Durango

19. Occupation Housewife  
Nature of industry

20. Number of children of this mother 2 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living yes (b) Born alive but now dead \_\_\_\_\_ (c) Stillborn \_\_\_\_\_ 21. Were precautions taken against ophthalmia neonatorum? yes

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\***

I hereby certify that I attended the birth of this child, who was alive at 11 1/2 P. m. on the date above stated  
(Born alive or stillborn.)

\*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.  
Signature Rosa Cortez (Physician or midwife).

Given name added from a supplemental report \_\_\_\_\_ Address 708 Sullivan St  
Month, day, year \_\_\_\_\_ Filed Nov 23 1926 C. E. Davis  
Registrar

519-1115-169

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD  
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.